

# Establishing the dietetic service of Commonwealth Home Support Programme at Ballarat Health Services

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# Tackling Malnutrition In The Community

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- ❑ 40% of elderly living in the community are either malnourished or at risk of malnutrition
- ❑ Malnutrition has adverse effects – longer length of stay, higher infection rates, reduced wound healing
- ❑ “For every \$1 spent on better nutrition for the elderly, \$5 is saved in health care costs” (Lipski, 2005 Committee on Nutrition for Older Australian)
- ❑ Commonwealth Home Support Programme (CHSP)
  - ❑ Entry – level home support for elderly to continue living independently and safely in the community

# Objectives

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- Establishing CHSP
  - Acceptability of the programme
  - Impact on the nutritional status of clients

# Method

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- Commence the delivery of CHSP from Sept 2017
- Surveys
  - Likert scale, open ended questions
- Anthropometric measures
  - Weight, Body Mass Index (BMI), Subjective Global Assessment (SGA)

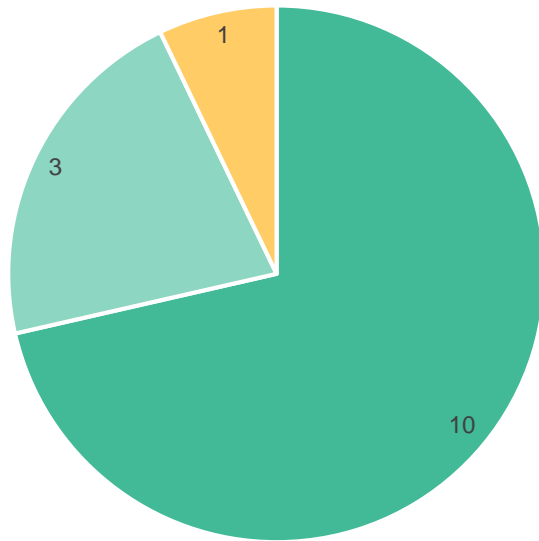
# Outcomes: Acceptability

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- ❑ Clients' viewpoint (n = 14)
  - ❑ 100% are satisfied with dietetic service through CHSP
  - ❑ Reduce issues with transportation
  - ❑ Reduce financial and physical burden
  
- ❑ Clinicians' viewpoint (n = 2)
  - ❑ Improve rapport being in a familiar and relaxed environment
  - ❑ Opportunity to observe clients' capability to prepare meals
  - ❑ Monitor compliance with dietary recommendations  
e.g. consumption of oral nutrition supplements

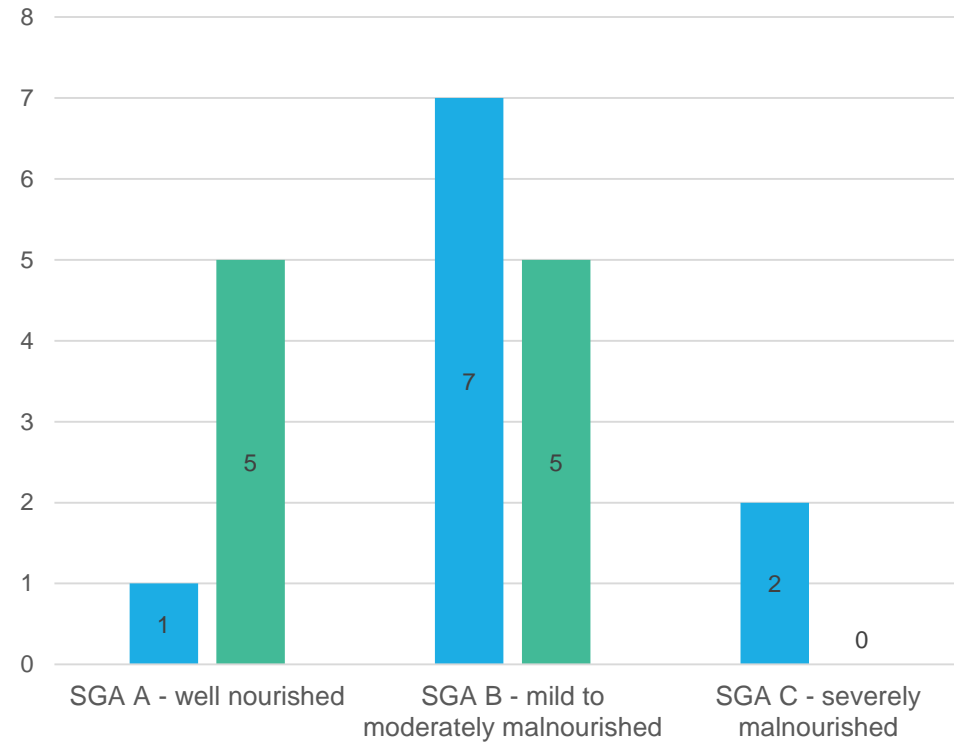
# Outcomes: Nutritional Status

Weight movement

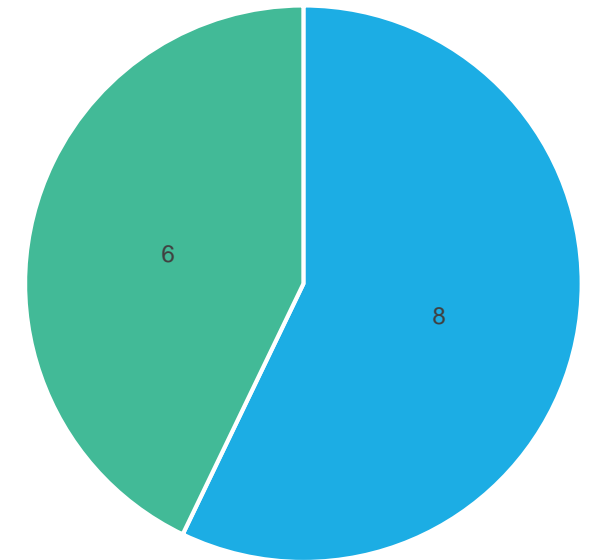


■ gained ■ stable ■ lost

SGA changes pre and post intervention



Underweight at BMI < 22kg/m2



■ pre-intervention ■ post-intervention

# Implications

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- ❑ CHSP shown to be acceptable for clients and clinicians
- ❑ Improvement in clients' nutritional status
  
- ❑ Future projects
  - ❑ Ways to increase referrals from other clinicians and primary health care professionals
  - ❑ Investigate reasons for declining this programme

# Thank you

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